

APPENDIX 49

Sample Letter

DECLINATION DECLARATION STATEMENT

DECLINATION DECLARATION STATEMENT

MUTUAL HELP PROGRAM

BUY OUT OFFER

I, _____
am the named SUCCESSOR to the Mutual Help Unit formally occupied by _____
and located at _____.

After reviewing my options, I have elected to Decline the opportunity to BUY OUT the balance of the Mortgage on this Mutual Help home.

In so doing, I understand that I relinquish all rights to this property and associated financial accounts.

I also understand that the home will be reclaimed by the Grand Traverse Band Tribal Housing Department, refurbished, and made available to the next "eligible" family on the Mutual Help Waiting List.

(Signature of Successor)

(Date)

(Signature of Notary)

(Date)

My commission expires on: _____
(Date)

Notary Seal

APPENDIX 50

Sample Letter

**REQUEST
for
TEMPORARY ABSENCE**

DATE: _____
(Enter Date)

FROM: _____
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: REQUEST FOR TEMPORARY ABSENCE

It is necessary for me to be gone from my dwelling unit for a short period of time and during that time, I would like to request a Temporary Absence so as not to loose the dwelling unit.

Name of Head of Household: _____

Dwelling Unit Number / Apartment Number: _____

Dwelling Unit Location: _____

Current Mailing Address: _____

Current Phone Number: _____

Dates of Absence: From _____ to _____

Reason for Absence: _____

I understand that this request can be for no more than ninety (90) calendar days. If it goes beyond 90 days, the Housing Department shall reclaim the unit.

(Signature of Head of Household)

HOUSING DIRECTOR REVIEW

REVIEWED BY THE HOUSING DIRECTOR ON: _____

REQUEST HAS BEEN: Approved

Dis-Approved

COMMENTS: _____

(Signature - Housing Director)

cc: *Resident Services Manager*
Client File

APPENDIX 51

Sample Letter

**INTENT
to
VACATE**

DATE: _____
(Enter Date)

FROM: _____
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Intent to Vacate

Per the terms and conditions of my Rental Lease / Homebuyer (MHOA) Agreement, this letter is being submitted to serve notice of my intent to vacate my dwelling unit.

Name of Head of Household: _____

Dwelling Unit Number / Apartment Number: _____

Dwelling Unit Location: _____

Current Mailing Address: _____

Current Phone Number: _____

Forwarding Address: _____

Vacate Date: _____

Reason for Vacating (*Optional*): _____

I would like to request a Pre-Move-Out Inspection: Yes No

(Signature of Head of Household)

APPENDIX 52

Sample Letter

TERMINATION of LEASE NOTICE



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX
2605 N. West Bayshore Dr.
Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



(Name of Client)

(Address)

(City, State, ZIP)

**NOTIFICATION OF
TERMINATION
OF
LEASE AGREEMENT**

Dear _____,

(Date)

Pursuant to your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement, executed by you with the Housing Department on _____, you are hereby notified that your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement to the dwelling unit located at: «unit number», «unit area / city», is being terminated, effective thirty-(30) calendar days from the date of this letter («date»).

The reason(s) your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement is being terminated are as follows:

You must vacate the property on or before («date»), as stated above. The property must be left in a clean and good condition. The keys must be returned to the Housing Department. You shall be responsible for any costs associated with repairs and / or clean up of the dwelling unit

Your failure to vacate the property shall result in EVICTION proceedings in **Grand Traverse Band Tribal Court**. If court action is necessary, the Housing Department shall request that you pay all legal fees, court costs, and attorney fees associated with the EVICTION.

If you wish to appeal the termination of your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement you must request a hearing. The request must be in writing, and submitted within ten (10) calendar days of receipt of this notice. Your request must contain the reason(s) for your appeal and must be delivered to the Housing Department. If your request for appeal meets the above conditions, a hearing shall be scheduled at least five (5) calendar days prior to the effective termination date of the Rental Lease / Mutual Help and Occupancy (MHOA) Agreement.

Sincerely,

Housing Director

cc: Housing Attorney's Office, Resident Services Manager, Client File

GTBHD Form Letter # 23
06/01/02

DATE: _____
(Enter Date)

FROM: _____
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Intent to Vacate

Per the terms and conditions of my Rental Lease / Homebuyer (MHOA) Agreement, this letter is being submitted to serve notice of my intent to vacate my dwelling unit.

Name of Head of Household: _____

Dwelling Unit Number / Apartment Number: _____

Dwelling Unit Location: _____

Current Mailing Address: _____

Current Phone Number: _____

Forwarding Address: _____

Vacate Date: _____

Reason for Vacating (*Optional*): _____

I would like to request a Pre-Move-Out Inspection: Yes No

(Signature of Head of Household)

APPENDIX 53

Sample Form

UNIT TRANSFER REQUEST FORM



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX
2605 N. West Bayshore Dr.
Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



REQUEST FOR UNIT TRANSFER

TENANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE NR: HOME: _____ - _____ WORK: _____ - _____

YOUR CURRENT HOUSE NR: _____ PROJECT NAME: _____

LOCATION: _____
(Pine View, River Falls, Bass Lake, etc.)

TYPE OF UNIT TRANSFER REQUEST: Increase/Decrease in Family Size Emergency
 Medical Gang Violence One-for-One Swap

I am requesting a transfer from a _____ bedroom unit to a _____ bedroom unit.
The circumstances, under which I am making this transfer request, are as follows:

(Use Additional Pages if Required)

ACKNOWLEDGMENTS

- A. I understand that I am responsible for ALL Costs associated with moving, to include cleaning, damages, repairs, etc. to my current residence.
- B. I agree to pay for those costs as a pre-condition for consideration of this transfer request.

C. I understand that this cleaning and repair work must be done before the transfer can take place.

D. I certify that I have NO ARREARAGES with my housing account or any Utility Company. My current utility providers are:

ELEC: _____

LP: _____

(Tenant Signature)

(Date)

HOUSING DEPARTMENT USE ONLY

DATE RECEIVED: _____

DATE REVIEWED: _____

RESIDENT SERVICES STAFF COMMENTS: _____

CLIENTS HOUSING DEPARTMENT FUNDWARE ACCOUNT CHECKED FOR ARREARS.

CURRENT BALANCE: \$ _____ AS OF _____ VERIFIED BY: _____
(Enter Amount) (Date) (Staff Initials)

UTILITIES – GAS – CHECKED FOR ARREARS BY SENDING UTILITY VERIFICATION .

NAME OF COMPANY: _____

CURRENT BALANCE: \$ _____ AS OF _____ VERIFIED BY: _____
(Enter Amount) (Date) (Staff Initials)

UTILITIES – ELECTRIC – CHECKED FOR ARREARS BY SENDING UTILITY VERIFICATION.

NAME OF COMPANY: _____

CURRENT BALANCE: \$ _____ **AS OF** _____ **VERIFIED BY:** _____
(Enter Amount) (Date) (Staff Initials)

REVIEWED BY DIRECTOR ON: _____ **INITIALS:** _____

DIRECTORS COMMENTS: _____

cc: *Resident Services Manager*
Maintenance Division Manager
Rehabilitation Division Manager
Client File

REQUEST FOR UNIT TRANSFER ONE-FOR-ONE SWAP

I, _____, the Lease Holder for the
(Lease Holder Name)
_____ bedroom rental unit _____, located in _____
(NR of Bedrooms) (House/Apt NR) (Project Name or Area)
and _____, the Lease Holder for the
(Name of Other Lease Holder)
_____ bedroom rental unit _____, located in _____
(NR of Bedrooms) (House/Apt NR) (Project Name or Area)
have agreed to a one-for one swap of units.

ACKNOWLEDGMENTS

1. I understand that I must accept _____ in an "AS IS" condition.
(House/Apartment Number)
2. I understand that for record keeping purposes, this transfer must take place on the 1st of the month.
3. I agree to pay for all moving expenses incurred as a result of this transfer request.
4. I agree to take responsibility for notifying the utility and L.P. Gas companies of this transfer prior to the scheduled move date.
5. I agree to have the Housing Department document the condition of my old home (MOVE-OUT INSPECTION) and the condition of my new home (MOVE-IN INSPECTION) within forty-eight (48) hours of the scheduled move date.
6. I agree to pay for any expense, resulting from this unit transfer, which may be incurred by the Housing Department and that is my responsibility.

(Lease Holder Signature)

(Date)

HOUSING DEPARTMENT USE ONLY

DATE RECEIVED: _____ DATE REVIEWED: _____

RESIDENT SERVICES STAFF COMMENTS: _____

FORWARDED TO DIRECTOR ON: _____ INITIALS: _____

REVIEWED BY DIRECTOR ON: _____ INITIALS: _____

DIRECTORS COMMENTS: _____

cc: *Maintenance Division
Resident Services Manager
Client File*

APPENDIX 54

Sample Letter

DIRECT T.V. SATELLITE DISH INSTALLATION

DATE: _____
(Enter Date)

FROM: _____
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Request to Install **DIRECT T.V. SATELLITE DISH**

Per the terms and conditions of the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to install a **DIRECT T.V. SATELLITE DISH** at my dwelling unit.

Name of Head of Household: _____

Dwelling Unit Number / Apartment Number: _____

Dwelling Unit Location: _____

Current Mailing Address: _____

Current Phone Number: _____

I have read Section **46** (entitled: *T.V. Reception Options*) of the Gray Wolf Tribal Housing Department's Occupancy Policy and understand what my responsibilities are with regards to proper installation of a **DIRECT T.V. SATELLITE DISH**, paying for the installation, and removing / disposing of the Dish / Cabling upon Move-Out.

(Signature of Head of Household)

~~~~~  
**HOUSING DIRECTOR REVIEW**

REVIEWED BY THE HOUSING DIRECTOR ON: \_\_\_\_\_

REQUEST HAS BEEN:     Approved  
                                   Dis-Approved

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature - Housing Director)

**Distribution:** Original to Clients Resident Services File  
Copy to Clients Maintenance Division File  
Copy to Client

# **APPENDIX 55**

## **Sample Letter**

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### **SATELLITE DISH INSTALLATION**

DATE: \_\_\_\_\_  
(Enter Date)

FROM: \_\_\_\_\_  
(Clients Name)

TO: Grand Traverse Housing Department

SUBJ: Request to Install **SATELLITE DISH**

Per the terms and conditions of the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to install a **SATELLITE DISH** at my dwelling unit.

Name of Head of Household: \_\_\_\_\_

Dwelling Unit Number / Apartment Number: \_\_\_\_\_

Dwelling Unit Location: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

I have read Section **46** (entitled: *T.V. Reception Options*) of the Grand Traverse Band Housing Department's Occupancy Policy and understand what my responsibilities are with regards to proper installation of a **SATELLITE DISH**, paying for the installation, and removing / disposing of the Dish / Cabling upon Move-Out.

\_\_\_\_\_  
(Signature of Head of Household)

~~~~~  
HOUSING DIRECTOR REVIEW

REVIEWED BY THE HOUSING DIRECTOR ON: _____

REQUEST HAS BEEN: Approved
 Dis-Approved

COMMENTS: _____

(Signature - Housing Director)

Distribution: Original to Clients Resident Services File
Copy to Clients Maintenance Division File
Copy to Client

APPENDIX 56

Sample Letter

T.V. ANTENNA INSTALLATION

DATE: _____
(Enter Date)

FROM: _____
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Request to Install a T.V. ANTENNA

Per the terms and conditions of the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to install a T.V. ANTENNA at my dwelling unit.

Name of Head of Household: _____

Dwelling Unit Number / Apartment Number: _____

Dwelling Unit Location: _____

Current Mailing Address: _____

Current Phone Number: _____

I have read Section 46 (entitled: *T.V. Reception Options*) of the Grand Traverse Band Housing Department's Occupancy Policy and understand what my responsibilities are with regards to proper installation of a T.V. ANTENNA, paying for the installation, and removing / disposing of the Dish / Cabling upon Move-Out.

(Signature of Head of Household)


~~~~~  
**HOUSING DIRECTOR REVIEW**

REVIEWED BY THE HOUSING DIRECTOR ON: \_\_\_\_\_

REQUEST HAS BEEN:     Approved  
                                   Dis-Approved

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature - Housing Director)

**Distribution:** Original to Clients Resident Services File  
Copy to Clients Maintenance Division File  
Copy to Client

# **APPENDIX 57**

## **Sample Letter**

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### **NOTIFICATION of NEED FOR YARD UPKEEP**



# Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX

2605 N. West Bayshore Dr.

Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



\_\_\_\_\_  
(Name of Client)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Date)

## NOTIFICATION Of NEED FOR YARD UPKEEP

Dear \_\_\_\_\_,

It has come to the attending of Grand Traverse Band Housing Department management that you have not been keeping your yard up to the standards set forth in our Occupancy Policy, and by which you agreed to abide.

We have determined that, dwelling unit number \_\_\_\_\_, located in the \_\_\_\_\_ housing area needs:

- The Grass Cut
- To have Debris cleared from the Yard
- To have Junk Cars / Vehicles removed from the Yard
- To have Snow Shoveled
- Other \_\_\_\_\_

You have seventy-two (72) hours, from the date of this notice, to complete this work or the Housing Department shall make arrangements to have the work done on your behalf. You will, however, be billed for the full cost of the service.

You are also advised, that continued non-compliance is grounds for Termination of your Rental Lease / Homebuyer (MHOA) Agreement and Eviction.

If you have any questions, please call the Housing Department at (231) 271-4473.

Sincerely,

\_\_\_\_\_  
Housing Department Staff Signature

cc: Client File

# **APPENDIX 58**

## **Sample Letter**

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### **VISITOR ACCOMMODATIONS REQUEST**

DATE: \_\_\_\_\_  
(Enter Date)

FROM: \_\_\_\_\_  
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Visitor Accommodations Request

Per the terms and conditions of my Rental Lease / Homebuyer (MHOA) Agreement and the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to have visitors in my dwelling unit.

Name of Head of Household: \_\_\_\_\_

Dwelling Unit Number / Apartment Number: \_\_\_\_\_

Dwelling Unit Location: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Visitor Information:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship to Lease Holder: \_\_\_\_\_

Length of Stay: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship to Lease Holder: \_\_\_\_\_

Length of Stay: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship to Lease Holder: \_\_\_\_\_

Length of Stay: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship to Lease Holder: \_\_\_\_\_

Length of Stay: \_\_\_\_\_

I have read Section 52 (entitled: *Visitor Accommodations*) of the Grand Traverse Band Housing Department's Occupancy Policy and understand what my responsibilities are with regards to visitor accommodations. I also understand that if my visitors stay beyond 30 calendar days, they must undergo the eligibility and screening process as outlined in the Housing Department Admissions Policy.

\_\_\_\_\_  
(Signature of Head of Household)

~~~~~  
HOUSING DIRECTOR REVIEW

REVIEWED BY THE HOUSING DIRECTOR ON: _____

REQUEST HAS BEEN: Approved
 Dis-Approved

COMMENTS: _____

(Signature - Housing Director)

Distribution: Original to Clients Resident Services File
Copy to Client

APPENDIX 59

Sample Form

**WORK
ORDER**

VOID



**GRAND TRAVERSE BAND
HOUSING DEPARTMENT
WORK ORDER**



DATE TIME	UNIT #	PERMISSION TO ENTER YES NO	TENANT DAMAGE YES NO	PERSON TAKING WORK ORDER	TOTAL LABOR CHARGE HRS: RATE:	TOTAL MATERIALS CHARGE	GRAND TOTAL
TENANT NAME				TELEPHONE #:			
DESCRIPTION OF WORK NEEDED:							
START DATE:		COMPLETION DATE		EMPLOYEE SIGNATURE AND NUMBER			
							#:
LABOR HOURS	INVOICE NUMBER	MATERIALS				TOTAL	
		VOID					
DATE:						SUPERVISOR	
DATE						DEPARTMENT MANAGER	
DATE						TENANT	
SORRY WE MISSED YOU							
					WORKER SIGNATURE	TIME	DATE

WHITE COPY
OFFICE

PINK COPY
FILE

CANARY COPY
TENANT

#2